

# TÜRKİYE ENDOKRİNOLOJİ VE METABOLİZMA DERNEĞİ BÜLTENİ



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Sayı 65 • Ocak – Şubat – Mart - 2019

## 8. ADRENAL GONAD VE NÖROENDOKRİN TÜMÖRLER SEMPOZYUMU TAMAMLANDI

8. Adrenal Gonad ve Nöroendokrin Tümörler Sempozyumu, Denizli Anemon Otel'de, Prof Dr. Güzin Fidan Yaylalı sekreterliğinde 11-13 Ocak 2019 tarihleri arasında Türkiye Endokrinoloji ve Metabolizma Derneği Adrenal ve Gonad Hastalıkları çalışma grubu ve Nöroendokrin Tümörler çalışma grubu ile ortak olarak gerçekleştirilen toplantımıza Endokrinoloji ve Metabolizma Hastalıkları,

İç hastalıkları Uzmanları, Üroloji uzmanları, Genel cerrahi Uzmanları, Kadın Doğum Hastalıkları uzmanları ve Çocuk Endokrinoloji ve Metabolizma Hastalıkları uzmanlarından oluşan 143 meslektaşımız katıldı.

Emeği geçen tüm meslektaşlarımıza teşekkür eder, başarılar dileriz



## 17. HİPERTANSİYON VE 9. LİPİD METABOLİZMASI BOZUKLUKLARI EĞİTİM SEMPOZYUMU TAMAMLANDI



17. Hipertansiyon ve 9. Lipid Metabolizması Bozuklukları Eğitim Sempozyumu, 09-10 Mart 2019 tarihlerinde Hitit Üniversitesi, Erol Olçok Eğitim ve Araştırma Hastanesi Şehit Fikret Metin Öztürk Konferans Salonu Çorum'da 67 meslektaşımızın katılımı ile başarılı bir şekilde tamamlanmıştır.

Emeği geçen tüm meslektaşlarımıza teşekkür eder, başarılar dileriz.

# ENDOKRİNOLOJİDE FARK YARATACAK AKADEMİSYENLER 2 TAMAMLANDI

Koçak Farma'nın koşulsuz katkıları ile bu sene ikincisi düzenlenen Endokrinolojide Fark Yaratacak Akademisyenler toplantısı Türkiye'nin farklı merkezlerinden 19 genç meslektaşımızın katılımı ile 14-16 Mart 2019 tarihleri arasında İstanbul'da gerçekleştirilmiştir.

Sunum teknikleri, beden dili, makale okuma, istatistik gibi bilimsel program yanında sosyal programı ile de gayet verimli geçen bu üç günün genç meslektaşlarımızın bundan sonraki akademik kariyerlerine ışık tutacağına inanarak Emeği geçen tüm meslektaşlarımıza teşekkür eder, başarılar dileriz.





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- 24-27 Ekim 2019  
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**89<sup>th</sup> Annual Meeting of the ATA**  
Chicago, IL
- 08-09 Kasım 2019  
**15. Hipofiz Hastalıkları Sempozyumu ve 2. Hipofiz Görüntüleme Kursu**  
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**1<sup>st</sup> International Meeting on Thyroid Ultrasound-guided, Minimally Invasive Therapies**  
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**Metabolik Kemik Hastalıkları Kursu - OSTEOKURS**, Bursa
- 2-6 Aralık 2019  
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- 7-8 Aralık 2019  
**TEMĐ 18. Hipertansiyon, Dislipidemi ve Obezite Eğitim Sempozyumu**  
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- 13-14 Aralık 2019  
**9. Adrenal Gonad ve Nöroendokrin Tümörler Sempozyumu**  
Divan Express Otel, Eskişehir  
<http://www.adrenalgonad.org/>
- 15-19 Nisan 2020  
**42. Türkiye Endokrinoloji ve Metabolizma Hastalıkları Kongresi**  
Sueno Kongre Merkezi, Antalya  
<http://www.temhk2020.org/>

## Üyelerimizden Literatür Seçmeleri

**OSTEOPOROSIS DEVELOPMENT AND VERTEBRAL FRACTURES AFTER ABDOMINAL IRRADIATION IN PATIENTS WITH GASTRIC CANCER.**Yaprak G<sup>1</sup>, Gemici C<sup>2</sup>, Temizkan S<sup>3</sup>, Ozdemir S<sup>1</sup>, Dogan BC<sup>4</sup>, Seseogullari OO<sup>5</sup>. BMC Cancer.

2018 Oct 11;18(1):972. doi: 10.1186/s12885-018-4899-z.

**BACKGROUND:** Decrease in bone mineral density, osteoporosis development, bone toxicity and resulting insufficiency fractures as late effect of radiotherapy are not well known. Osteoporosis development related to radiotherapy has not been investigated properly and insufficiency fractures are rarely reported for vertebral bones.

**METHODS:** Ninety-seven patients with gastric adenocarcinoma were evaluated for adjuvant treatment after surgery. While 73 out of 97 patients treated with adjuvant chemoradiotherapy comprised the study group, 24 out of 97 patients with early stage disease without need of adjuvant treatment comprised the control group. Bone mineral densities (BMD) of lumbar spine and femoral neck were measured by dual energy x-ray absorptiometry after surgery, and one year later in both groups.

**RESULTS:** There was statistically significant decline in BMDs after one year in each group itself, however the decline in BMDs of the patients in the irradiated group was more pronounced when compared with the patients in the control group; p values were 0.02 for the decline in BMDs of lumbar spine, and 0.01 for femoral neck respectively. Insufficiency fractures were observed only in the irradiated patients (7 out of 73 patients) with a cumulative incidence of 9.6%.

**CONCLUSIONS:** Abdominal irradiation as in the adjuvant treatment of gastric cancer results in decrease in BMD and osteoporosis. Insufficiency fracture risk in the radiation exposed vertebral bones is increased. Calcium and vitamin D replacement and other measures for prevention of osteoporosis and insufficiency fractures should be considered after abdominal irradiation.

**RELATION OF RANKL AND OPG LEVELS WITH BONE RESORPTION IN PATIENTS WITH ACROMEGALY AND PROLACTINOMA.**Ozer FF<sup>1</sup>, Dagdelen S<sup>1</sup>, Erbas T<sup>1</sup>. Horm Metab Res.

2018 Jul;50(7):562-567. doi: 10.1055/a-0630-1529. Epub 2018 Jun 12.

The objective of this study was to investigate the effect of hyperprolactinemia and high levels of insulin-like growth factor-I (IGF-I) on bone resorption and their relation with receptor activator of nuclear factor- $\kappa$ B ligand (RANKL) and osteoprotegerin (OPG) in patients with prolactinoma and acromegaly. Thirty-one patients with acromegaly, 28 patients with prolactinoma, and 33 healthy individuals were included in the study. Serum concentrations of RANKL, OPG, bone alkaline phosphatase (bone ALP), osteocalcin (OC), C-terminal telopeptide of type 1 collagen (CTX), procollagen type 1 N-terminal propeptide (P1NP) and urine deoxypyridinoline (DPD) levels were detected and bone mineral density (BMD) was measured. Groups were not statistically different from each other with regard to serum levels of RANKL and OPG. The RANKL/OPG ratio was higher in the prolactinoma group than in the control group ( $p=0.046$ ). A positive correlation between OPG and increasing age was detected in both the prolactinoma and control groups ( $r=0.524$ ,  $p=0.004$  and  $r=0.380$ ,  $p=0.029$ , respectively). An inverse correlation was observed between IGF-I and OPG after excluding age in the prolactinoma group ( $r=-0.412$ ,  $p=0.046$ ). OC and bone ALP were negatively associated with RANKL in the acromegaly group ( $r=-0.384$ ,  $p=0.036$  and  $r=-0.528$ ,  $p=0.003$ , respectively). There was an inverse correlation between OPG

and BMD at the femoral neck in the acromegaly group ( $r=-0.422$ ,  $p=0.02$ ). The effect of IGF-I on bone remodeling may be partly mediated by RANKL and OPG. The RANKL/OPG ratio plays an important role in prolactinoma. A positive correlation of OPG with age and an inverse correlation with IGF-I favor the compensatory response of OPG against bone loss in the aging skeleton.

**WHICH FACTORS DETERMINE EXOCRINE PANCREATIC DYSFUNCTION IN DIABETES MELLITUS?**Altay M<sup>1</sup>. World J Gastroenterol.

2019 Jun 14;25(22):2699-2705. doi: 10.3748/wjg.v25.i22.2699.

The exocrine structure is significantly affected by diabetes because of endocrine structure-function disorder within the pancreas. Exocrine pancreatic dysfunction (EPD) is the general name of the malabsorption process resulting from inadequate production, release, decreased activation, and/or insufficient degradation of enzymes required for digestion from pancreatic acinar cells. It is important to diagnose patients early and correctly, since there may be both macro- and micro-nutrient deficiency in EPD. In this paper, EPD, the diabetes-EPD relationship, and the predictive, effective factors affecting the emergence of EPD are briefly explained and summarized with contemporary literature and our experienced based on clinical, lab, and radiological findings.

**THE EFFECTS OF SINGLE HIGH-DOSE OR DAILY LOW-DOSAGE ORAL COLECALCIFEROL TREATMENT ON VITAMIN D LEVELS AND MUSCLE STRENGTH IN POSTMENOPAUSAL WOMEN.**Apaydin M<sup>1</sup>, Can AG<sup>2</sup>, Kizilgul M<sup>3</sup>, Beysel S<sup>3</sup>, Kan S<sup>3</sup>, Caliskan M<sup>3</sup>, Demirci T<sup>3</sup>, Ozcelik O<sup>3</sup>, Ozbek M<sup>3</sup>, Cakal E<sup>3</sup>. BMC Endocr Disord.

2018 Jul 27;18(1):48. doi: 10.1186/s12902-018-0277-8.

**INTRODUCTION:** Vitamin D deficiency is a common health problem. Vitamin D supplements are used to improve vitamin D status; however, there are contradictory data related to what doses to give and how often they should be given. Many studies have investigated the effects of vitamin D supplementation on muscle strength, but the results remain controversial. We aimed to compare the effects and safety of single high-dose with daily low-dose oral colecalciferol on 25(OH)D levels and muscle strength in postmenopausal women with vitamin D deficiency or insufficiency.

**METHODS AND DESIGN:** Sixty healthy postmenopausal women who had serum vitamin D levels  $<20$  ng/mL (50 nmol/L) were enrolled in the study. Group 1 ( $n=32$ ) was given daily oral dosages of 800 IU vitamin D3, and group 2 ( $n=28$ ) was given a single oral dose of 300,000 IU vitamin D3. Serum vitamin D levels and muscle strengths were measured at the beginning, 4th, and 12th week. Muscle strength tests were performed at 60° using a Biodex system 3 isokinetic dynamometer.

**RESULTS:** Pretreatment vitamin D levels did not differ between the two groups ( $10.2 \pm 4.4$  ng/mL ( $25.4 \pm 10.9$  nmol/L);  $9.7 \pm 4.4$  ng/mL ( $24.2 \pm 10.9$  nmol/L),  $p>0.05$ ). A significant increase in vitamin D levels was observed in both groups at 4 and 12 weeks after vitamin D3 treatment. The increase in the single-dose group was significantly higher than the daily low-dosage group at the 4th week ( $35.9 \pm 9.6$  ng/mL ( $89.6 \pm 23.9$  nmol/L),  $16.9 \pm 5.8$  ng/mL ( $42.1 \pm 14.4$  nmol/L),  $p=0.01$ ). The increase in the single-dose group was significantly higher than in the daily low dosage group at the 12th week ( $23.4 \pm 4.7$  ng/mL ( $58.4 \pm 11.7$  nmol/L),



19.8±7.2 ng/mL (49.4 ± 17.9 nmol/L),  $p=0.049$ ). The quadriceps muscle strength score increased significantly in the daily group at the 4th week ( $p=0.038$ ). The hamstring muscle strength score increased significantly in the daily group at the 12th week ( $p=0.037$ ).

**CONCLUSION:** Although daily administration routes are more effective in improving muscle strength, a single administration is more effective in increasing vitamin D levels.

## HYPOTHALAMIC-PITUITARY-ADRENAL AXIS FUNCTION IN TRAUMATIC SPINAL CORD INJURY-RELATED NEUROPATHIC PAIN: A CASE-CONTROL STUDY.

Cuce E<sup>1</sup>, Demir H<sup>2</sup>, Cuce İ<sup>3</sup>, Bayram F<sup>4</sup>. J Endocrinol Invest.

2019 Jan 9. doi: 10.1007/s40618-019-1002-9. [Epub ahead of print]

**PURPOSE:** This study aimed to investigate the hypothalamic-pituitary-adrenal (HPA) axis in spinal cord injury (SCI)-related neuropathic pain (NP) using dynamic adrenocorticotrophic hormone (ACTH) stimulation tests.

**METHODS:** This case-control study was conducted with 22 patients diagnosed with traumatic chronic spinal cord injury (15 with and 7 without neuropathic pain) and ten age- and sex-matched healthy control subjects. Collected data included socio-demographic variables, SCI characteristics, and level of NP using a numeric rating scale (NRS) and the Leeds Assessment of Neuropathic Symptoms and Signs pain scale (LANSS). HPA axis function was measured via low-dose (1 µg) and standard-dose (250 µg) ACTH tests (LDT and SDT, respectively).

**RESULTS:** No significant differences existed regarding peak cortisol responses or area under the curve (AUC) of cortisol responses between the SCI patients with NP and healthy controls using LDT and SDT. In the SCI patients without pain, cortisol responses were significantly lower than those in the healthy controls for LDT and SDT. Peak cortisol and AUC responses of the LDT and SDT were positively correlated with NRS in SCI patients with NP.

**CONCLUSIONS:** This study demonstrated that, in chronic SCI patients with NP, basal cortisol levels are relatively higher compared to healthy controls, and that HPA axis can be activated with low- and standard-dose ACTH stimulation tests. Although NP following SCI was not significantly associated with hypo- or hypercortisolemia, either after low- or standard-dose ACTH stimulation test, the severity of NP during chronic SCI may be positively associated with HPA axis activity.

## FRACTALKINE: AN INFLAMMATORY CHEMOKINE ELEVATED IN SUBJECTS WITH POLYCYSTIC OVARY SYNDROME.

Demi R İ<sup>1</sup>, Guler A<sup>2</sup>, Alarslan P<sup>3</sup>, Isil AM<sup>2</sup>, Uzman O<sup>2</sup>, Aslanipour B<sup>4</sup>, Calan M<sup>5</sup>. Endocrine.

2019 Jul;65(1):175-183. doi: 10.1007/s12020-019-01972-3. Epub 2019 Jun 1.

**PURPOSE:** Fractalkine (FKN) is an inflammatory chemokine related to reproductive system and glucose metabolism. There is a link between FKN and steroidogenesis as FKN induces progesterone synthesis. Polycystic ovary syndrome (PCOS) is a common reproductive and metabolic disorder associated with low progesterone production and insulin resistance. We aimed to explore whether women with PCOS have any difference in FKN levels compared to women without PCOS. We also focused on determination of any association between FKN levels and hormonal-metabolic parameters in women with PCOS.

**METHODS:** The current research was designed as a case-control study. Eighty subjects with PCOS and 80 age- and body mass index (BMI)-matched subjects with normal menstrual cycle were taken into the study. We measured circulating FKN levels via ELISA methods.

**RESULTS:** Circulating FKN levels were higher in women with PCOS than controls (1.93±0.61 vs. 1.22±0.33 ng/ml,  $P<0.001$ ). FKN levels showed a positive correlation with body mass index (BMI), insulin resistance, inflammatory marker hs-CRP, total testosterone, and free-androgen

index (FAI), whereas it showed a negative correlation with sex hormone-binding protein in women with PCOS. Linear regression analyses revealed that the link of FKN with BMI, insulin resistance, hs-CRP, and FAI was independent. Binary logistic regression analysis showed that the risk of having PCOS was associated with high levels of FKN.

**CONCLUSIONS:** Increased FKN levels related to insulin resistance, inflammation and androgens in women with PCOS. FKN may have an inter-related role in different pathophysiologic pathways of PCOS.

## DIFFERENCES IN CALCIUM METABOLISM AND THYROID PHYSIOLOGY AFTER SLEEVE GASTRECTOMY AND ROUX-EN-Y GASTRIC BYPASS.

Duran İD<sup>1</sup>, Gülçelik NE<sup>2</sup>, Bulut B<sup>3</sup>, Balci Z<sup>3</sup>, Berker D<sup>4</sup>, Güler S<sup>4</sup>. Obes Surg.

2019 Feb;29(2):705-712. doi: 10.1007/s11695-018-3595-z.

**INTRODUCTION:** Bariatric surgery may modulate the hormones and elements which maintain thyroid and calcium homeostasis. These adaptations in hormonal and elemental aspects have previously been determined via some studies with variations in their findings. Thyroid volume and 24-h urinary calcium are two parameters which have not been investigated regarding whether they change during the bariatric postsurgical period. This study planned to examine the changes in calcium metabolism and thyroid gland functioning after sleeve gastrectomy (SG) and Roux-en-Y gastric bypass (RYGB).

**MATERIALS AND METHODS:** Seventy-three morbidly obese patients with planned bariatric surgery were enrolled in the study. Before and 12 months after the operation, parathormone (PTH), 25-OH-vitamin D3(25vitD3), TSH, free triiodothyronine (fT3), free thyroxine (fT4), calcium (Ca), 24-h urinary Ca and ultrasonography-guided thyroid volume were measured.

**RESULTS:** In the beginning, 73 patients were examined and 12 months after surgery out of 25 patients continuing follow-up, 20 (80%) had undergone sleeve gastrectomy (SG) while five (20%) had undergone Roux-en-Y gastric bypass (RYGB). Accompanied by significant BMI decrease, 24-h urinary Ca and thyroid volume did not significantly increase in RYGB, SG, and the whole group after 12 months. The SG group showed a significant drop in TSH ( $p=0.03$ ) level, while the RYGB group showed significant decreases in fT4 ( $p=0.00$ ) and fT3 ( $p=0.00$ ); and significant fT3 decrease ( $p=0.01$ ) was recorded for the whole group.

**CONCLUSION:** Bariatric surgery may modify Ca homeostasis and thyroid gland functional status. We documented that these were not statistically significant increases in 24-h urinary Ca level and thyroid volume after 1 year. Further studies are needed to understand the issue, enrolling more patients who underwent the same bariatric procedure and after accounting for the inhibition of supplementary vitamin and mineral effects.

## WHAT IS THE OPTIMAL TIME FOR MEASURING GLUCOSE CONCENTRATION TO DETECT STEROID-INDUCED HYPERGLYCEMIA IN PATIENTS WITH RHEUMATIC DISEASES?

Cansu GB<sup>1</sup>, Cansu DÜ<sup>2</sup>, Taşkıran B<sup>1</sup>, Bilge ŞY<sup>3</sup>, Bilgin M<sup>4</sup>, Korkmaz C<sup>3</sup>. Clin Biochem.

2019 May;67:33-39. doi: 10.1016/j.clinbiochem.2019.03.012. Epub 2019 Mar 23.

**OBJECTIVE:** Corticosteroids may cause hyperglycemia and diabetes mellitus (DM). Development of DM during long-term steroid use has been well studied; however, data regarding the short-term effects of steroid therapy are scarce. In this study, we aimed to detect the actual time of short-term steroid-induced hyperglycemia in patients without previous impaired glucose metabolism, and the ideal time (which day and in relation to meals) of glucose measurement.

**METHODS:** The 7-point blood glucose (BG) measurements of patients who were commenced moderate to high-dose steroids ( $\geq 15$  mg/day

prednisolone or its equivalent) due to rheumatological diseases during the first 5 days of steroid therapy were recorded. Fasting BG  $\geq 7$  mmol/L (126 mg/dL) or random BG  $\geq 11.1$  mmol/L (200 mg/dL) were considered as overt DM in accordance with the 2016 American Diabetes Association guideline, and post-meal BG  $\geq 10$  mmol/L (180 mg/dL) was considered as steroid-induced hyperglycemia.

**RESULTS:** Fifteen males (mean age:  $44 \pm 16$  years) and 35 females (mean age:  $41 \pm 12$  years) were recruited to the study. One thousand seven hundred fifty fasting, pre-meal, and 2-hours post-meal BG concentrations were analyzed. Twenty-one (42%) patients developed steroid-induced DM and 39 (78%) developed steroid-induced hyperglycemia. The highest glucose concentrations were detected on the 3rd day of steroid therapy and 2-h after meals ( $p < .0001$ ).

**CONCLUSION:** Intermediate to high-dose steroid therapy causes hyperglycemia after lunch and dinner on the 3rd day of treatment. This time period should be taken into consideration in the detection and treatment of steroid-induced hyperglycemia.

## THE PROGNOSTIC SIGNIFICANCE OF GLUTAMIC ACID DECARBOXYLASE ANTIBODIES IN PATIENTS WITH CHRONIC PANCREATITIS UNDERGOING TOTAL PANCREATECTOMY WITH ISLET AUTOTRANSPLANTATION.

Kizilgul M<sup>1</sup>, Wilhelm JJ<sup>2</sup>, Dunn TB<sup>3</sup>, Beilman GJ<sup>3</sup>, Pruett TL<sup>3</sup>, Chinnakotla S<sup>3</sup>, Amin K<sup>4</sup>, Hering BJ<sup>2</sup>, Bellin MD<sup>5</sup>. *Diabetes Metab.*

2019 Jun;45(3):301-305. doi: 10.1016/j.diabet.2018.01.001. Epub 2018 Jan 11.

**AIM:** Islet autotransplantation (IAT) is considered a 'non-immune' model of islet transplant, with no risk for autoimmune-mediated beta cell loss, but we have previously observed de novo type 1 diabetes in one total pancreatectomy with islet autotransplantation (TPIAT) recipient. We aimed to investigate the clinical significance of glutamic acid decarboxylase antibodies (GADA), as a sensitive marker for autoimmune diabetes mellitus (DM), in patients with chronic pancreatitis undergoing TPIAT.

**METHODS:** We identified 9 patients undergoing TPIAT with elevated GADA pre-TPIAT (8 non-diabetic and 1 with C-peptide positive DM), otherwise demographically similar to GADA negative TPIAT recipients ( $n=341$ ). Metabolic and clinical measures related to islet cell function were recorded both before and after TPIAT.

**RESULTS:** None of the 9 TPIAT patients achieved insulin independence after surgery, vs. 33% of GADA negative patients ( $n=318$  with 1-yr follow-up). The two patients with the highest titers of GADA ( $>250$  IU/mL) both experienced islet graft failure, despite normoglycaemia pre-TPIAT and high islet mass transplanted (5276 and 9378 IEQ per kg), with elevated HbA1c levels post-TPIAT (8.3%, 9.6%). The remaining 7 seven were insulin dependent with partial graft function and HbA1c levels  $<7\%$ .

**CONCLUSION:** Insulin dependence was more frequent in 9 patients with elevated GADA prior to TPIAT than in GADA negative TPIAT recipients, with graft failure in 2 cases. We speculate that beta-cell autoimmunity may occur in a small subset of TPIAT recipients and that beta cell antibody testing prior to TPIAT may be warranted to identify individuals at higher risk for insulin dependence.

## TIMING OF GESTATION AFTER LAPAROSCOPIC SLEEVE GASTRECTOMY (LSG): DOES IT INFLUENCE OBSTETRICAL AND NEONATAL OUTCOMES OF PREGNANCIES?

Sancak S<sup>1</sup>, Çeler Ö<sup>2</sup>, Çırak E<sup>3</sup>, Karip AB<sup>4</sup>, Tumişin Aydın M<sup>4</sup>, Esen Bulut N<sup>4</sup>, Mahir Fersahoğlu M<sup>4</sup>, Altun H<sup>4,5</sup>, Memişoğlu K<sup>4</sup>. *Obes Surg.*

2019 May;29(5):1498-1505. doi: 10.1007/s11695-018-03700-8.

**AIM:** We aimed to evaluate the effect of pregnancy timing after laparoscopic sleeve gastrectomy (LSG) on maternal and fetal outcomes.

**METHODS:** Women with LSG were stratified into two groups with surgery-to-conception intervals of  $\leq 18$  months (early group) or  $>18$  months (late group). Only the first delivery after LSG was included in this study. We compared maternal characteristics, pregnancy, and neonatal outcomes and adherence to the Institute of Medicine's (IOM) recommendations for gestational weight gain (GWG) in the two groups.

**RESULTS:** Fifteen patients conceived  $\leq 18$  months after surgery, with a mean surgery-to-conception interval of  $5.6 \pm 4.12$  months, and 29 women conceived  $>18$  months following LSG, with a mean surgery-to-conception interval of  $32.31 \pm 11.38$  months,  $p < 0.05$ . There was no statistically significant difference between the two groups regarding birth weight, gestational age, cesarean deliveries (CD), preterm birth, whether their child was small or large for their gestational age, or in the need of neonatal intensive care. There was no correlation between mean weight loss from operation till conception, mean weight gain during pregnancy, and mean body mass index (BMI) at conception between birth weight in either study group. Inadequate and normal GWG was significantly higher in the early group, whereas excessive GWG was significantly higher in the late group ( $X^2$ , 20.780;  $p = < 0.001$ ).

**CONCLUSION:** The interval between LSG and conception did not impact maternal and neonatal outcomes. Pregnancy after LSG was overall safe and well-tolerated.

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